



## MEMORANDUM

Agenda Item No. 7(M)(1)(A)

TO: Honorable Chairperson Barbara Carey-Shuler, Ed.D.  
and Members, Board of County Commissioners

DATE: **February 3, 2004**

FROM:   
George M. Burgess  
County Manager

SUBJECT: Emergency Medical  
Services Grant

### RECOMMENDATION

It is recommended that the Board ratify the County Manager's action in applying for \$41,373.23 in grant funds from the Florida Department of Health, Bureau of Emergency Medical Services, to fund life safety equipment in Park and Recreation Department (Parks Department) aquatic facilities and further authorize the County Manager or his designee to receive and expend funds and execute amendments as required.

### BACKGROUND

The Parks Department has submitted a grant proposal to the Florida Department of Health, Bureau of Emergency Medical Services to fund life safety equipment for its aquatic facilities. The proposed grant will fund 22 automated external defibrillators, one for each aquatic facility, and adult and infant resuscitable manikins for CPR training.

The amount of the grant request is \$41,373.23. The required match of \$13,791.08 is to come from the Parks Department operating budget. The grant submission was due December 12, 2003. If approved, funds will be available in July 2004.

The Medical Director of the Miami-Dade County Fire Rescue Department, the licensed Emergency Medical Services provider for the County's aquatic facilities, has reviewed and signed the proposal.

Attachment

  
Assistant County Manager



# MEMORANDUM

(Revised)

**TO:** Hon. Chairperson Barbara Carey-Shuler, Ed.D.  
and Members, Board of County Commissioners

**DATE:** February 3, 2004

**FROM:** Robert A. Ginsburg  
County Attorney

**SUBJECT:** Agenda Item No. 7(M)(1)(A)

Please note any items checked.

- \_\_\_\_\_ **"4-Day Rule" ("3-Day Rule" for committees) applicable if raised**
- \_\_\_\_\_ **6 weeks required between first reading and public hearing**
- \_\_\_\_\_ **4 weeks notification to municipal officials required prior to public hearing**
- \_\_\_\_\_ **Decreases revenues or increases expenditures without balancing budget**
- \_\_\_\_\_ **Budget required**
- \_\_\_\_\_ **Statement of fiscal impact required**
- \_\_\_\_\_ **Bid waiver requiring County Manager's written recommendation**
- \_\_\_\_\_ **Ordinance creating a new board requires detailed County Manager's report for public hearing**
- \_\_\_\_\_ **Housekeeping item (no policy decision required)**
- \_\_\_\_\_ **No committee review**

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 7(M)(1)(A)  
2-3-04

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RATIFYING THE COUNTY MANAGER'S ACTION IN APPLYING FOR \$41,373.23 IN GRANT FUNDS FROM THE FLORIDA DEPARTMENT OF HEALTH, BUREAU OF EMERGENCY MEDICAL SERVICES TO FUND LIFE SAFETY EQUIPMENT FOR PARK AND RECREATION DEPARTMENT AQUATIC FACILITIES AND FURTHER AUTHORIZING THE COUNTY MANAGER OR HIS DESIGNEE TO RECEIVE AND EXPEND FUNDS, AND EXECUTE AMENDMENTS AS REQUIRED

WHEREAS, this Board desires to accomplish the purpose outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board ratifies the County Manager's action in applying for \$41,373.23 in grant funds from the Florida Department of Health, Bureau of Emergency Medical Services to fund life safety equipment for Park and Recreation Department aquatic facilities; and authorizes the County Manager or his designee to execute such contracts and agreements as are required by this governmental body following approval by the County Attorney's Office; to receive and expend all monies for the purposes described in the funding request; and to file and execute any necessary amendments to the agreement for and on behalf of Miami-Dade County, Florida.

The foregoing resolution was offered by Commissioner \_\_\_\_\_, who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson	
Katy Sorenson, Vice-Chairperson	
Bruno A. Barreiro	Jose "Pepe" Diaz
Betty T. Ferguson	Sally A. Heyman
Joe A. Martinez	Jimmy L. Morales
Dennis C. Moss	Dorin D. Rolle
Natacha Seijas	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of February, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA  
BY ITS BOARD OF COUNTY  
COMMISSIONERS

HARVEY RUVIN, CLERK

Approved by County Attorney as  
to form and legal sufficiency. YMMC

Mariela Martinez-Cid

By: \_\_\_\_\_  
Deputy Clerk



MIAMI-DADE COUNTY PARK & RECREATION DEPARTMENT • 275 NW 2<sup>ND</sup> STREET • MIAMI, FLORIDA 33128

December 10, 2003

Mr. Alan Van Lewen  
Bureau of Emergency Management Services  
Florida Department of Health  
4052 Bald Cypress Way, Mail Bin C18  
Tallahassee, Florida 32399-1738

Dear Mr. Van Lewen:

The Miami-Dade County Park and Recreation Department is pleased to submit a proposal to the Emergency Medical Services Matching Grant Program. The proposal is for \$55,164.30, which includes a match of \$13,791.08, to purchase life safety equipment for our 22 aquatic training facilities, and training equipment for all our lifeguards.

We are grateful for the opportunity to participate in this program. This funding opportunity was brought to our attention by one of our lifeguards, who is eager to have equipment to make our aquatic facilities as safe as possible.

The original and ten copies of the proposal are enclosed. Should you have any questions, please do not hesitate to contact me at (305) 755-7947 or by email at [bentley@miamidade.gov](mailto:bentley@miamidade.gov).

Sincerely,

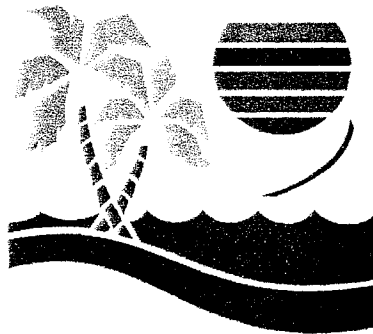
Sarah Bentley  
Resource Development Section Manager

Attachments

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# **Life Safety Equipment for Miami-Dade County Aquatic Facilities**

Submitted by:  
Miami-Dade County Park & Recreation Department  
275 NW 2nd Street, 5th Floor  
Miami, Florida 33128



**MIAMI-DADE  
PARKS & RECREATION**

Submitted to  
Emergency Medical Services Matching Grant Program  
Florida Department of Health

December 10, 2003

Contact: Sarah Bentley  
305-755-7947

**Miami-Dade County Park and Recreation Department  
Emergency Medical Services for Homestead Bayfront Park  
Proposal Submitted to the Florida Department of Health  
Bureau of Emergency Medical Services**

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## **EMS MATCHING GRANT APPLICATION**

### **FLORIDA DEPARTMENT OF HEALTH Bureau of Emergency Medical Services**

**Complete all items unless instructed differently within the application**

Type of Grant Requested: ☐ Rural ☒ Matching

ID. Code (The State Bureau of EMS will assign the ID Code – leave this blank) \_\_\_\_\_

1. Organization Name: **Miami-Dade County Park and Recreation Department**

2. Grant Signer: (The applicant signatory who has authority to sign contracts, grants, and other legal documents. This individual must also sign this application)

Name: **Alina Tejeda Hudak**

Position Title: **Assistant County Manager**

Address: **111 NW 1<sup>st</sup> Street, 29<sup>th</sup> floor**

City: **Miami**

County: **Miami-Dade County**

State: **Florida**

Zip Code: **33128**

Telephone: **(305) 375-2531**

Fax Number: **(305) 375-6082**

E-Mail Address: **ATH2@miamidade.gov**

3. Contact Person: (The individual with direct knowledge of the project on a day-to-day basis and responsibility for the implementation of the grant activities. This person may sign project reports and may request project changes. The signer and the contact person may be the same.)

Name: **Jim O'Connor**

Position Title: **Aquatics Coordinator**

**Miami-Dade County Park and Recreation Department**

Address: **10901 SW 24<sup>th</sup> Street**

City: **Miami**

County: **Miami-Dade County**

State: **Florida**

Zip Code: **33165**

Telephone: **(305) 223-7070 ext 252**

Fax Number: **(305) 552-8770**

E-mail Address: **lgutier@miamidade.gov**



4. Legal Status of Applicant Organization (Check only one response):

- (1) ☐ Private Not for Profit [Attach documentation-501 (3) ©]  
(2) ☐ Private For Profit  
(3) ☐ City/Municipality/Town/Village  
(4) ☒ County  
(5) ☐ State  
(6) ☐ Other (specify): \_\_\_\_\_

5. Federal Tax ID Number (Nine Digit Number). VF **59-6000573**

6. EMS License Number: **N/A** Type: ☐ Transport ☐ Non-transport ☐ Both

7. Number of permitted vehicles by type: **N/A** BLS \_\_\_\_ ALS Transport \_\_\_\_ ALS non-transport.

8. Type of Service (check one): ☐ Rescue ☐ Fire ☒ Third Service (County or City Government, nonfire) ☐ Air ambulance: ☐ Fixed wing ☐ Rotowing ☐ Both ☐ Other (specify) \_\_\_\_\_

9. Medical Director of licensed EMS provider: If this project is approved, I agree by signing below that I will affirm my authority and responsibility for the use of all medical equipment and/or the provision of all continuing EMS education in this project. **[No signature is needed if medical equipment and professional EMS education are not in this project.]**

Signature: \_\_\_\_\_ Date: 12/5/2003

Print/Type: Name of Director DONALD G. ROSENBERG MD

FL Med. Lic. No. 7175

Note: All organizations that are not licensed EMS providers must obtain the signature of the medical director of the licensed EMS provider responsible for EMS services in their area of operation for projects that involve medical equipment and/or continuing EMS education.

**If your activity is a research or evaluation project, omit Items 10, 11, 12, 13, and skip to Item Number 14. Otherwise, proceed to Item 10 and the following items.**

10. Justification Summary: Provide on no more than three one sided, double spaced pages a summary addressing this project, covering each topic listed below.

**Please see attached**

- A) Problem description (Provide a narrative of the problem or need);
- B) Present situation (Describe how the situation is being handled now);
- C) The proposed solution (Present your proposed solution);
- D) Consequences if not funded (Explain what will happen if this project is not funded);
- E) The geographic area to be addressed (Provide a narrative description of the geographic area);
- F) The proposed time frames (Provide a list of the time frame(s) for completing this project);
- G) Data Sources (Provide a complete description of data source(s) you cite);
- H) Statement attesting that the proposal is not a duplication of a previous effort (State that this project doesn't duplicate what you've done on other grant projects under this grant program).

Next, only complete one of the following: Items 11, 12, or 13. Read all three and then select and complete the one that pertains the most to the preceding Justification Summary.

11. Outcome For Projects That Provide or Effect Direct Services To Emergency Victims: This may include vehicles, medical and rescue equipment, communications, navigation, dispatch, and all other things that impact upon on-site treatment, rescue, and benefit of emergency victims at the emergency scene. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

**Please see attached**

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.
- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.
- C) Justify and explain how you derived the numbers in (A) and (B), above.
- D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.
- E) How does this integrate into your agency's five year plan?

12. Outcome For Training Projects: This includes training of all types for the public, first responders, law enforcement personnel, EMS and other healthcare staff. Use no more than two additional one sided, double-spaced pages for your response. Include the following:

**N/A**

- A) How many people received the training this project proposes in the most recent 12 month time period for which you have data (include the dates).
- B) How many people do you estimate will successfully complete this training in the 12 months after training begins?
- C) If this training is designed to have an impact on injuries, deaths, or other emergency victim data, provide the impact data for the 12 months before the training and project what the data should be in the 12 months after the training.
- D) Explain the derivation of all figures.
- E) How does this integrate into your agency's five year plan?

13. Outcome For Other Projects: This includes quality assurance, management, administrative, and other. Provide numeric data in your responses, if possible, that bear directly upon the project and emergency victim deaths, injuries, and/or other data. Use no more than two additional one sided, double-spaced pages for your response. Include the following.

**N/A**

- A) What has the situation been in the most recent 12 months for which you have data (include the dates)?
- B) What will the situation be in the 12 months after the project services are on-line?
- C) Explain the derivation of all numbers.
- D) How does this integrate into your agency's five year plan?

**Skip Item 14 and go to Item 15, unless your project is research and evaluation and you have not completed the preceding Justification Summary and one outcome item.**

**14. Research and Evaluation Justification Summary, and Outcome:** You may use no more than three additional one sided, double spaced pages for this item.

**N/A**

- A) Justify the need for this project as it relates to EMS.
- B) Identify (1) location and (2) population to which this research pertains.
- C) Among population identified in 14(B) above, specify a past time frame, and provide the number of deaths, injuries, or other adverse conditions during this time that you estimate the practical application of this research will reduce (or positive effect that it will increase).
- D) (1) Provide the expected numeric change when the anticipated findings of this project are placed into practical use.  
(2) Explain the basis for your estimates.
- E) State your hypothesis.
- F) Provide the method and design for this project.
- G) Attach any questionnaires or involved documents that will be used.
- H) If human or other living subjects are involved in this research, provide documentation that you will comply with all applicable federal and state laws regarding research subjects.
- I) Describe how you will collect and analyze the data.

**15. Statutory Considerations and Criteria:** The following are based on s. 401.113(2)(b) and 401.117, F.S. Use no more than one additional double spaced page to complete this item. Write N/A for those things in this section that do not pertain to this project. Respond to all others.

**Please see attached**

Justify that this project will:

- A) Serve the requirements of the population upon which it will impact.
- B) Enable emergency vehicles and their staff to conform to state standards established by law or rule of the department.
- C) Enable the vehicles of your organization to contain at least the minimum equipment and supplies as required by law, rule or regulation of the department.
- D) Enable the vehicles of your organization to have, at a minimum, a direct communications linkup with the operating base and hospital designated as the primary receiving facility.
- E) Enable your organization to improve or expand the provision of:
  - 1) EMS services on a county, multi county, or area wide basis.
  - 2) Single EMS provider or coordinated methods of delivering services.
  - 3) Coordination of all EMS communication links, with police, fire, emergency vehicles, and other related services.

16. Work activities and time frames: Indicate the major activities for completing the project (use only the space provided). Be reasonable, most projects cannot be completed in less than six months and if it is a communications project, it will take about a year. Also, if you are purchasing certain makes of ambulances, it takes at least nine months for them to be delivered after the bid is let.

Work Activity	Number of Months After Grant Starts	
	Begin	End
Order equipment	1	4
Receive equipment	4	6
Train staff	7	9
Implement equipment	9	

17. County Governments: If this application is being submitted by a county agency, describe in the space below why this request cannot be paid for out of funds awarded under the state EMS county grant program. Include in the explanation why any unspent county grant funds, which are now in your county accounts, cannot be allocated in whole or part for the costs herein.

This proposal is for equipment to be used at all aquatic facilities operated by the Park and Recreation Department. The EMS County grant is used by the Fire Rescue Department for their emergency needs. This proposal is for equipment which will increase the response of lifeguards to life-threatening situations at all Park Department pools. Unfortunately, due to the current tight budget conditions, there are no funds currently available to purchase the equipment which will make the aquatic facilities safer places to swim and play.

18. Budget:		
<b>Salaries and Benefits:</b> For each position title, provide the amount of salary per hour, FICA per hour, fringe benefits, and the total number of hours.	<b>Costs</b>	<b>Justification:</b> Provide a brief justification why each of the positions and the numbers of hours are necessary for this project.
N/A		
TOTAL:		

<b>Expenses:</b> These are travel costs and the usual, ordinary, and incidental expenditures by an agency, such as, commodities and supplies of a consumable nature, <u>excluding</u> expenditures classified as operating capital outlay (see next category).	<b>Costs:</b> List the price and source(s) of the price identified.	<b>Justification:</b> Justify why each of the expense items and quantities are necessary to this project.
Lifeguard training/AED textbooks: 175 @ \$34.95	\$6,116.25 Source: Red Cross	A textbook will be provided to each lifeguard
Little Anne Airways pkg of 96: 2 @ \$179	\$ 358.00 Source: Red Cross	The Airways can be used only by one person at training and are then discarded
Baby Anne Airways pkg of 24: 8 @ \$15	\$ 120.00 Source: Red Cross	The Airways can be used only by one person at training and are then discarded
<b>TOTALEXPENSES:</b>	<b>\$6,594.25</b>	

DH Form 1767, Rev. 2002



19. Certification:

My signature below certifies the following.

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

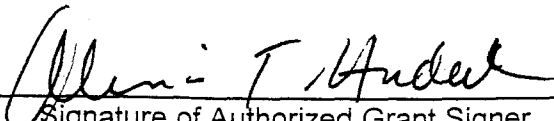
I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.

I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.

I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.



Signature of Authorized Grant Signer  
(Individual Identified in Item 2)

MM / DD / YY

FLORIDA DEPARTMENT OF HEALTH  
EMS GRANT PROGRAM

**REQUEST FOR GRANT FUND DISTRIBUTION**

In accordance with the provisions of Section 401.113(2)(b), F. S., the undersigned hereby requests an EMS grant fund distribution for the improvement and expansion or continuation of pre-hospital EMS.

**DOH Remit Payment To:**

Name of Agency: Miami-Dade County Park and Recreation Department

Mailing Address: 275 NW 2<sup>nd</sup> Street, Miami, Florida 33128  
Attention: Sarah Bentley

Federal Identification Number 59-60000573

Authorized Agency Official:  \_\_\_\_\_  
Signature Date

Alina Tejeda Hudak, Assitant County Manager  
Type Name and Title

*Sign and return this page with your application to:*

Florida Department of Health  
BEMS Grant Program  
4052 Bald Cypress Way, Bin C18  
Tallahassee, Florida 32399-1738

**Do not write below this line. For use by Bureau of Emergency Medical Services personnel only**

Grant Amount For State To Pay: \$ \_\_\_\_\_ Grant ID Code: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature of EMS Grant Officer Date

State Fiscal Year: \_\_\_\_\_ - \_\_\_\_\_

<u>Organization Code</u>	<u>E.O.</u>	<u>OCA</u>	<u>Object Code</u>
64-25-60-00-000	N_	N2000	7 _____

Federal Tax ID: VF \_\_\_\_\_

Grant Beginning Date: \_\_\_\_\_ Grant Ending Date: \_\_\_\_\_



**Miami-Dade County Park and Recreation Department  
Emergency Medical Services Proposal Submitted to the  
Florida Department of Health, Bureau of Emergency Medical Services  
10. Justification Summary**

**A) Problem description**

The Miami-Dade County Park and Recreation Department currently operates 22 aquatic facilities: 19 swimming pools, 2 saltwater swimming atoll pools, and 1 freshwater swimming lake. Unfortunately none of the facilities are equipped with automated external defibrillators (AEDs). If patrons suffer heart attacks lifeguards can administer CPR and give oxygen, but must wait until advanced medical personnel arrive at the site to administer cardiac electrical shocks.

Funding is requested to provide defibrillators at each aquatic facility, and for equipment to train lifeguards to use them, including AED trainers and CPR manikins. The defibrillators are intended to reduce fatalities at Miami-Dade Park aquatic facilities. The Miami-Dade Medical Examiner's office documents that Miami-Dade County leads the State in drowning deaths. Miami-Dade Park incident reports reveal that during the past three years, two cardiac fatalities have occurred at its aquatic facilities. In both incidences lifeguards administered CPR and oxygen to the victims, however no defibrillators were available until advanced emergency medical services personnel (EMS) arrived at the site. EMS personnel stated the chance of survival of both victims would have been greatly increased if a defibrillator had been available on site.

Currently lifeguards receive CPR training only annually, on manikins rented from the Red Cross. The manikins are not always fully functional. The Department needs to own manikins so lifeguards can be fully trained, and can refresh their skills when needed.

**B) Present situation**

There are no defibrillators available at Park Department aquatic facilities. When a victim of an accident is in need of an AED there is a wait of up to ten minutes until emergency medical

personnel arrive at the scene. Lifeguards administer CPR but defibrillators are needed to shock the heart as soon as possible, as time is critical. The sooner a shock is administered, the greater the likelihood of the victim's survival. A study by the American Heart Association reports that people in cardiac arrest are twice as likely to survive in places where defibrillators are publicly available.

At present lifeguards at all 22 Miami-Dade County aquatic facilities are trained annually in CPR techniques, using manikins rented from the Red Cross. They are not trained on defibrillators and do not have the equipment available to resuscitate patrons undergoing cardiac arrest.

The manikins are often in poor shape, which makes training difficult. In addition, since they are only rented for a brief time, there is no opportunity for lifeguards to update their skills during the year.

**C) The proposed solution**

Equipment purchased through the Bureau of Emergency Medical Services grant will enable all lifeguards at County aquatic facilities to be trained and to have defibrillators available for use in emergencies. The direct services equipment will enable lifeguards to respond immediately to emergencies, using the AED to assist persons in cardiac arrest instead of waiting for emergency medical services personnel to arrive.

Having manikins available in each for CPR and defibrillator training, will enable lifeguards to refresh their skills year-round.

**D) Consequences if not funded**

Without the emergency equipment requested, the response time for victims at some aquatic facilities will remain as high as 10 minutes, as lifeguards wait for advanced emergency

personnel to arrive from the Fire Rescue Department. Cardiac fatalities which might have been prevented will continue.

CPR training will continue on an annual basis, but it will be of lesser quality and lifeguards will be unable to refresh their skills when needed.

**E) The geographic area to be addressed**

The 22 aquatic facilities are located throughout Miami-Dade County, from Homestead Bayfront Park in the South, to Palm Springs in the North, on the border between Miami-Dade and Broward Counties.

**F) The proposed time frames**

As soon as a grant award agreement has been executed, the equipment can be ordered, following Miami-Dade County bidding procedures. It is estimated this will be received within six months. All lifeguards will be trained on the equipment, which will be in service within nine months of the start of the project. The equipment is estimated to last ten years.

**G) Data Sources**

The budget data was acquired from the Red Cross for the manikins, accessories and textbooks. The source for the automated external defibrillators is the Medtronic Physio-Control Corporation. Information about park patrons, lifeguards, etc. is from statistics kept by the Miami-Dade County Park and Recreation Department.

**H) Statement attesting that the proposal is not a duplication of a previous effort**

This project does not duplicate any grant project submitted by the Miami-Dade County Park and Recreation Department to the Bureau of Emergency Medical Services, nor to any other agency.

**Miami-Dade County Park and Recreation Department  
Emergency Medical Services Proposal Submitted to the  
Florida Department of Health, Bureau of Emergency Medical Services**

**11. Outcome**

- A) Quantify what the situation has been in the most recent 12 months for which you have data (include the dates). The strongest data will include numbers of deaths and injuries during this time.**

During the last fiscal year (October 1, 2002 through September 30, 2003) 456,323 patrons were recorded at the 22 Park Department aquatic facilities located in Miami-Dade County. This is an increase of 15% over the last 4 years, and the number is expected to increase. There are 175 lifeguards trained to work at the 22 aquatic facilities. The County divides its parks into regions, with coordinated training by region. There are 4 regions with aquatic facilities.

The Department is very proud to record that only one fatality occurred at a Park pool during that period (on October 1<sup>st</sup>, 2002). There are approximately 15 saves of all kinds, per pool per year, for a total of 330.

- B) In the 12 months after this project's resources are on-line, estimate what the numbers you provided under the preceding "(A)" should become.**

Given the growing population of the County, and the increasing popularity of swimming, it is anticipated that there will be approximately 500,000 swimmers in the 2004-2005 fiscal year in Miami-Dade County aquatic facilities (the first year for which data will be available after the equipment is available in each facility). In addition, patrons in parks surrounding some of the aquatic facilities may also benefit from the proximity of emergency equipment and lifeguards trained in their use.

It is hoped there will be no fatalities. Funding from the Emergency Medical Services will increase the chances of saving the life of anyone undergoing a heart attack, including drowning victims, in a Miami-Dade County aquatic facility.

**C) Justify and explain how you derived the numbers in (A) and (B), above.**

The number of swimmers comes from statistics maintained by the Miami-Dade County Park and Recreation Department. The anticipated increase assumes a 4% annual increase in swimmers over two years. This is the average annual increase for the last four years.

The population figures are from the Miami-Dade County Facts compiled by the County's Department of Planning and Zoning, and available on their web site [www.miamidade.gov/planzone](http://www.miamidade.gov/planzone).

**D) What other outcome of this project do you expect? Be quantitative and explain the derivation of your figures.**

With manikins owned by the Department, instead of rented from the Red Cross once a year, lifeguards will be able to refresh their CPR training more frequently and the quality of training will be enhanced with fully functional manikins. Lifeguards meet approximately twelve times per year for regional training and could request refresher practice at any of those meetings instead of the current annual training.

**E) How does this integrate into your agency's five year plan?**

During the next five years the Department plans to increase the number of aquatic and park programs for seniors, the population most at risk for heart attacks. Defibrillators will be even more needed in the years to come. At the same time, the hours of operation for some aquatic facilities will increase, as will the number of lifeguards staffing the facilities. The Department plans to increase training opportunities for its lifeguards. Equipment funded by the Emergency Medical Services grant will enable the lifeguards to be proactive in their training and in their response to medical emergencies.

**Miami-Dade County Park and Recreation Department  
Emergency Medical Services Proposal Submitted to the  
Florida Department of Health, Bureau of Emergency Medical Services  
15. Statutory Considerations and Criteria**

- A) This project will serve the requirements of patrons in Miami-Dade Park aquatic facilities by making defibrillators available in each aquatic facility and training all lifeguards to use them. The quality and the frequency of CPR training for lifeguards will be increased. There were 2,253,362 residents in Miami-Dade County at the last census. This is an increase of 12% over five years.
- B) N/A
- C) N/A
- D) N/A
- E) Funding from the Bureau of Emergency Medical Services will enable Miami-Dade County to better serve the needs of all patrons who use the Park aquatic facilities and nearby facilities. This will also help the Emergency Medical Services provider, the Miami-Dade Fire Rescue Department, because advanced life-saving techniques will have started before they arrive on the scene of accidents in aquatic facilities and nearby facilities.